

1 MAIR, MAIR, SPADE & THOMPSON
A Professional Corporation
2 Attorneys at Law
238 A.F.C. Flores Street
3 Suite 801, DNA Building
Hagåtña, Guam 96910
4 Telephone: (671) 472-2089
Facsimile: (671) 477-5206
5

6 LAW OFFICES OF S. JOSHUA BERGER
D'Torres Building, Garapan
P.O. Box 504340
7 Saipan, MP 96950
Telephone: (670) 235-8060
8 Facsimile: (670) 235-8070

9 Attorneys for Defendant Robert Marc Weinberg

10
11 IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN MARIANA ISLANDS

12 JOSEPH DLR GONZALES,)

CIVIL CASE NO. 07-0026

13)
14 Plaintiff,)

15 v.)

**CERTIFICATE OF
COMPLIANCE IN SUPPORT OF
MOTION FOR PROTECTIVE
ORDER**

16 ROBERT MARC WEINBERG,)

17 Defendant.)
18)

Hearing: June 12, 2008

Time: _____

19 I, **RANDALL TODD THOMPSON**, do hereby declare and state as follows:

20 1. I am over eighteen (18) years of age, legally competent to testify, and have
21 personal knowledge of the matters set forth herein, except those matters alleged upon information and
22 belief, which I believe to be true.
23

1 2. I am a member of the bar of this Court and a principal in the law firm of Mair,
2 Mair, Spade & Thompson; and as such am one of the attorneys responsible for the defense of Defendant
3 Robert Marc Weinberg ("Weinberg"), in the above-captioned proceeding.

4 3. On April 17, 2008 Plaintiff served Defendant with Plaintiff's Second Set of
5 Interrogatories and Request for Production of Documents.

6 5. A true and accurate copy of Plaintiff's Second Set of Interrogatories and Request
7 for Production of Documents is hereby attached and marked as Exhibit "A".

8 6. In said interrogatories and request for production of documents, Plaintiff seeks to
9 exhaustively discover Defendant's financial condition.

10 7. Defendant objects to the discovery of records, documentation, or otherwise
11 disclosing any information regarding his financial condition. This objection forms the basis for this
12 discovery dispute and the corresponding motion for protective order.

13 8. On May 12, 20008 the parties in this proceeding met to conduct a deposition of
14 the Defendant.

15 9. Pursuant to Rule 26(c) of the Federal Rules of Civil Procedure and Rule 26.4 of
16 the Local Rules of the United States District Court for the Northern Mariana Islands, in good faith, the
17 parties met and conferred before said deposition in attempts to resolve the discovery dispute that is the
18 basis for Defendant's Motion for Protective Order.

19 10. The parties were unable to resolve the dispute, as they "agreed to disagree."

20 11. The deposition proceeded in lieu of the dispute, and Plaintiff agreed not to ask
21 any questions regarding the financial condition of Defendant with the expectation that the dispute would
22 be addressed at a later date.

1 12. Defendant has responded to all requests that do not require disclosure of
2 Defendant's financial condition.

3 Respectfully submitted this 16th day of May, 2008.

4
5 **MAIR, MAIR, SPADE & THOMPSON**
6 A Professional Corporation
7 Attorneys for Defendant Robert Marc Weinberg

8 By _____
9 **RANDALL TODD THOMPSON**

10
11 P088074.ARJ.wpd
12
13
14
15
16
17
18
19
20
21
22

DAVID G. BANES, Esq. (FO171)
O'Connor Berman Dotts & Banes
Second Floor, Marianas Business Plaza
P.O. Box 501969
Saipan, MP 96950
Telephone No. (670) 234-5684
Facsimile No. (670) 234-5683

Attorneys for Plaintiff Joseph DLR Gonzales

IN THE UNITED STATES DISTRICT COURT
FOR THE
NORTHERN MARIANA ISLANDS

JOSEPH DLR GONZALES,

Plaintiff,

VS.

ROBERT MARC WEINBERG,

Defendant.

CIVIL CASE NO. 07-0026

PLAINTIFF'S SECOND SET OF
INTERROGATORIES AND REQUEST
FOR PRODUCTION OF DOCUMENTS

TO: ROBERT MARC WEINBERG AND HIS ATTORNEY OF RECORD

COMES NOW Plaintiff, by and through counsel, and makes the following discovery requests of Defendant Robert Marc Weinberg. Pursuant to the Federal Rules of Civil Procedure, you are requested to answer the following Interrogatory Requests separately and in writing and under oath, and return said answers and produce the requested documents for copying and inspection within **thirty (30) days** at O'Connor Berman Dotts & Banes at the 2nd Floor of the Marianas Business Plaza, Susupe, Saipan, MP 96950.

EXHIBIT A

INSTRUCTIONS AND DEFINITIONS

1
2
3 1. These DISCOVERY REQUESTS are to be deemed continuing and YOU and
4 YOUR attorney are under a duty to supplement YOUR responses if YOU or any of YOUR
5 employees, agents, or attorneys obtain additional information as to any of the matters inquired of
6 herein. If in responding to these DISCOVERY REQUESTS YOU encounter any ambiguity in
7 construing any request, instruction or definition, set forth the matter deemed ambiguous and the
8 construction used in responding. If for any reason additional space is necessary in answering
9 any Interrogatory, complete the answers on an additional sheet bearing the same number as the
10 number of the Interrogatory which is being answered.
11
12

13
14 2. In responding to this or these DISCOVERY REQUEST(S), YOU must make a
15 diligent search of YOUR records and other DOCUMENTS in YOUR possession or available to
16 YOU, including information which is in the possession of YOUR attorneys, investigators for
17 YOUR office, employees, representatives and agents, and not merely such information known to
18 YOU or YOUR own personal knowledge.
19

20
21 3. If any of these DISCOVERY REQUESTS has sub-parts, respond to each part
22 separately and in full so that YOUR response is understandable. Do not limit YOUR response to
23 the request as a whole.
24

25 4. Each written response shall state, with respect to each item or category, that
26 inspection and related activities will be permitted as requested, unless the request is objected to,
27
28

1 in which event the reasons for objection shall be stated. If the objection is made to a part of an
2 item or category, the part shall be specified.

3
4 5. If YOU, as well as YOUR officers, agents, employees and attorneys discover
5 additional information as to matters inquired of in these interrogatories, between the time
6 answers are made and the date of trial, supplemental answers shall be made informing the offices
7 of O'Connor Berman Dotts & Banes at the address and telephone number listed on page 1 of
8 these DISCOVERY REQUESTS as to the newly discovered information.
9

10
11 6. When YOU are asked to state the facts RELATING TO an allegation in any
12 pleading, please DESCRIBE IN DETAIL, as defined herein, the relevant facts including but not
13 limited to the date, time and specific location of each occurrence, and IDENTIFY, as defined
14 herein, each and every person(s) and/or entity who is a witness and any related documents.
15

16
17 7. If any of the Interrogatories cannot be answered in full, please answer to the
18 extent possible, specifying the reasons for YOUR inability to answer the remainder and stating
19 whatever information or knowledge YOU have concerning the unanswered portion.
20

21
22 8. For each response to these DISCOVERY REQUESTS that is withheld under a
23 claim of privilege or work product immunity, provide a statement under oath by a person having
24 knowledge setting forth as to each document or portion withheld:

25 a. The number and subject of each paragraph of this request that seeks its
26 production;
27
28

- b. The name and title of the author(s);
- c. The name and title of each person to whom the document was addressed;
- d. The name and title of each person to whom a copy of the document was sent;
- e. The date of the document;
- f. The number of pages;
- g. A brief description of the nature and subject matter of the document;
- h. The identity of each person to whom the document, its contents, or any portion thereof is known or has been disclosed;
- i. The exact location of the original and each copy as of the date of receipt of this request; and
- j. If the document is withheld on any ground other than privilege, each basis that YOU contend justifies its withholding.

9. Throughout these DISCOVERY REQUESTS, including the definition of terms, words used in the singular include the plural. Whenever the word "or" appears herein, the meaning intended is the logical inclusive "or", i.e. "and/or". Whenever the word "each" appears herein, the meaning intended is "each and every".

10. "IDENTIFY," "IDENTITY" or "IDENTIFICATION" as used in reference to a natural person means that YOU are required to state the following information:

- a. the name of the person;

- b. his or her current business affiliation, title, and professional designation (e.g., C.P.A., Ph. D., ESQ., M.D., R.N., L.V.N.) and if different, at the time of the incident, event, or generation of a document;
- c. business affiliation, address, title and professional designation with respect to the business, organization, or entity with which he or she was associated at the time of the OCCURRENCE;
- d. the street address, country, state and country of the PERSON's current residence;
- e. the current "home" or residential telephone number of the person;
- f. the current or last known employer, job title, business address and business telephone number of the PERSON;
- g. the name and telephone number of his or her employer, if known; and any family, social, recreational, professional, or employment relationship you have with the PERSON; and
- h. with respect to the PERSONS who were formerly employed by YOU, the last date such employment and the PERSON's job title and business address on that date.

11. "IDENTIFY," "IDENTITY" or "IDENTIFICATION" as used in reference to any entity other than a natural person means that YOU are required to state the following information:

- a. the entity's full name; and

- b. the address of the entity's principal place of business, and each of its other places of business or business facilities.

12. When YOU are asked to "IDENTIFY a DOCUMENT," provide all the following information known to you:

- a. Date it was prepared;
- b. Identities of its preparer;
- c. Identities of its recipients;
- d. Current location and custodian; and
- e. Description of contents, sufficient for a motion to produce.

13. "IDENTIFY," "IDENTITY" or "IDENTIFICATION" as used in reference to a COMMUNICATION, means that YOU are required to state: the names of the persons participating in the COMMUNICATION or present when the COMMUNICATION took place, the exact, detailed, content of the COMMUNICATION, the building or other specific place in which the PERSONS participating in the COMMUNICATION were located at the time of the COMMUNICATION, the mode or method by which the COMMUNICATION occurred (e.g. telephone, in person, via e-mail etc.), and the date on which the COMMUNICATION occurred.

14. When any of the DISCOVERY REQUESTS are answered by any such of YOUR officers, employees, servants and attorneys as are cognizant of the facts or opinions, then IDENTIFY each person who assisted or participated in preparing and/or supplying any of the

1 information given in answer to or relied upon in preparing answers to these DISCOVERY
2 REQUESTS.

3
4 15. Please state whether the information furnished is within the personal knowledge
5 of the person answering and, if not, the identity, if known, of each person of whom the
6 information is a matter of personal knowledge.
7

8
9 16. Where knowledge of information is requested, such request includes the
10 knowledge of information of YOU as well as YOUR officers, agents, employees and attorneys.
11 If more than one person is listed in answer to an interrogatory, each subsequent answer must
12 identify which person supplied that answer and all persons so listed must sign the answers under
13 oath.
14

15
16 17. If any of the DISCOVERY REQUESTS cannot be answered in full, please
17 answer to the extent possible, specifying the reasons for your inability to answer the remainder
18 and stating whatever information or knowledge you have concerning the unanswered portion.
19

20
21 18. The term "DOCUMENT" means, without limitation, the following items, whether
22 printed or recorded or reproduced by any other mechanical process, or written or produced by
23 hand, agreements, communications, state and federal governmental hearings and reports,
24 correspondence, telegrams, memoranda, summaries or records of telephone conversations or
25 interviews, diaries, IM, instant messages, e-mail or related computer generated messages, graphs,
26 reports, notebooks, note charts, plans, drawings, sketches, maps, summaries or reports of
27
28

1 consultants, photographs, motion picture, film, brochure, pamphlets, advertisements, circular,
2 press releases, drafts, letters, any marginal comments appearing on any documents and all other
3 writings.

4
5 19. "YOU" and "YOUR" include the person(s) to whom these requests are addressed,
6 and all of such person's predecessors, successors, assigns, agents, employees, attorneys, and
7 insurance companies, and each of them, and all other persons acting or purporting to act on
8 behalf of YOU.
9

10
11 20. "PERSON" includes any natural person, firm, association, organization,
12 partnership, business, trust, corporation, public entity or other form of legal entity.
13

14
15 21. "WRITING" means handwriting, typewriting, word processing, printing,
16 photostating, photographing and every other means of recording upon any tangible thing, any
17 form of communication or representation, including letters, words, pictures, sounds or symbols
18 or combination thereof.
19

20
21 22. "RELATING", "RELATIVE TO" or "RELATED TO" includes referring to,
22 alluding to, responding to, concerning, connected with, commenting on, in respect to, about,
23 regarding, discussing, showing, describing, reflecting, analyzing, depicting or constituting.
24
25
26
27
28

1 23. "RELEVANT" is defined under the FEDERAL Rules of Evidence and that
2 definition is incorporated herein. Please note that information can be relevant without
3 necessarily being admissible.
4

5 24. "COMMUNICATION" means the transmission, interchange, or exchange of
6 thoughts, ideas, messages or information, by speech, signals, writing, code, satellite, computer,
7 letter (or other form of correspondence), memoranda, telecopy, telex, e-mail, IM, telephone,
8 telegram, voice mail, face-to-face communication, or any other mode or method of transmission
9 regardless of format. Under this definition, "COMMUNICATION" may have been contained,
10 obtained or transmitted in any format, including but not limited to any DOCUMENT as defined
11 herein or any subpart or portion thereof.
12
13

14 25. When asked to "DESCRIBE IN DETAIL" an event or occurrence or particular
15 subject, YOU are asked to do more than merely state a conclusion. YOU are being asked,
16 among other things, to state the particular facts that YOU intend to submit through witnesses or
17 DOCUMENTS at trial on the subject matter contained in the question. Among other things,
18 YOU are being asked to IDENTIFY all COMMUNICATIONS REGARDING the event,
19 occurrence or subject and state what action YOU took RELATED TO the event, occurrence or
20 subject, the date(s) YOU took such action, and the reason YOU took such action. YOU are
21 asked to state all of the facts that support YOUR conclusions, answering who was involved, what
22 happened with respect to the subject, why YOU believe it happened, where it happened, and how
23 it happened.
24
25
26
27
28

1 26. When asked to state "ALL FACTS" pertaining to a particular subject YOU are asked
2 to do much more than merely state conclusions. YOU are asked to DESCRIBE IN DETAIL as
3 defined herein who was involved or present when the facts occurred, what they or YOU did, why
4 YOU or they acted as YOU or they did, how this situation came about and where YOU or the
5 third PERSON were when the facts occurred. YOU are asked to state specifically all facts that
6 support YOUR claims or beliefs, not conclusions. If YOU claim that something occurred, please
7 state why YOU believe it occurred, why YOU acted as YOU did, what happened to make you
8 act the way YOU did, and IDENTIFY the PERSON who caused YOU to act the way YOU did.
9

10
11 27. "PLAINTIFF" refers to Joseph DLR Gonzales.
12

13
14 28. "OCCURRENCE" refers to the event described in paragraphs 6 through 10 of the
15 Complaint in the above-entitled action.
16

17 29. "YOUR VEHICLE" refers to the vehicle Mr. Weinberg was driving at the time of
18 the OCCURRENCE.
19

20 30. "ILLNESS" or "INJURY" refers to any illness, physical injury, disease, syndrome,
21 symptom, sickness, malady, virus, infections, or disability, either physical, mental or emotional.
22

23
24 31. Unless otherwise stated, the relevant time period is from January 1, 2005 to the
25 present.
26
27
28

32. Each of these definitions and instructions is hereby incorporated into each of the Interrogatories and Requests to Produce to which it pertains.

INTERROGATORIES¹

Interrogatory No. 20: Please DESCRIBE IN DETAIL YOUR gross and net income for the following time periods:

- a. The calendar year ending December 31, 2003
- b. The calendar year ending December 31, 2004
- c. The calendar year ending December 31, 2005
- d. The calendar year ending December 31, 2006
- e. The calendar year ending December 31, 2007
- f. Your income as of today's date.

Interrogatory No. 21: Please DESCRIBE IN DETAIL all assets, including but not limited to personal and real property, savings, checking and other bank, or savings and loan accounts, time deposits, shares of stocks, interest in mutual funds, pension or retirement funds, vehicles, boats, jewelry, bonds, loans or any other thing that has value, YOU had any ownership interest in either directly or through nominee as of:

- a. December 31, 2003
- b. December 31, 2004
- c. December 31, 2005

¹ Note, all terms in capitals as well as the terms "DOCUMENTS", "YOU" and "YOUR" are defined terms. See Definitions, *supra*.

1 d. December 31, 2006

2 e. December 31, 2007

3 f. As of today's date.

4
5
6 **Interrogatory No. 22:** Please IDENTIFY ALL DOCUMENTS that reflect, evidence, show or
7 are otherwise RELEVANT TO the assets and income described in the preceding interrogatories.

8
9 **DOCUMENT REQUEST**

10
11 **Document Request No. 1:** All DOCUMENTS YOU identified or described in the above
12 Interrogatories.

13
14
15 **Document Request No. 2:** All DOCUMENTS YOU referred to or consulted in order to
16 respond to the above Interrogatories.

17
18 **Document Request No. 3:** All DOCUMENTS RELATING TO or evidencing YOUR income
19 both earned and unearned for the years 2004 through today's date inclusive.

20
21
22 **Document Request No. 4:** All copies of YOUR federal, state, territory or Commonwealth or
23 other jurisdiction income tax returns filed by YOU for years 2004 through today's date
24 inclusive, together with all attachments and schedules.

1 **Document Request No. 5:** All DOCUMENTS RELATING to or evidencing YOUR
2 employment or career history.

3
4 **Document Request No. 6:** All DOCUMENTS including but not limited to medical records,
5 photographs, police reports, measurements, charts or any other material which YOU sent,
6 mailed, emailed, or delivered to any witness or PERSON, expert or otherwise, for any purpose
7 including but not limited to, for review and/or analysis, RELATING to the OCCURRENCE
8 and/or this lawsuit.
9

10
11 **REQUEST FOR ADMISSION**
12

13
14 **Request for Admission No. 1:** Please admit YOU were attempting or were in fact lighting a
15 cigarette just prior to the OCCURRENCE.
16

17 **Document Request No. 7:** If YOU deny this Request, please produce all DOCUMENTS YOU
18 believe supports YOUR denial.
19

20
21 **Request for Admission No. 2:** Please admit YOU told Plaintiff that YOU were attempting to
22 light a cigarette just prior to the OCCURRENCE.
23

24 **Document Request No. 8:** If YOU deny this Request, please produce all DOCUMENTS YOU
25 believe supports YOUR denial.
26
27
28

1
2 **Request for Admission No. 3:** Please admit YOU told Plaintiff the OCCURRENCE was
3 YOUR fault.

4
5 **Document Request No. 9:** If YOU deny this Request, please produce all DOCUMENTS YOU
6 believe supports YOUR denial.

7
8
9 **Request for Admission No. 4:** Please admit that YOUR vehicle crossed over into Plaintiff's
10 right of way.

11
12 **Document Request No. 10:** If YOU deny this Request, please produce all DOCUMENTS
13 YOU believe supports YOUR denial.

14
15
16 **Request for Admission No. 5:** Please admit that YOU are at fault for the OCCURRENCE.

17
18 **Document Request No. 11:** If YOU deny this Request, please produce all DOCUMENTS
19 YOU believe supports YOUR denial.

20
21
22 **Request for Admission No. 6:** Please admit that YOU have no witnesses other than yourself
23 that agree with YOUR version of how the OCCURRENCE happened.

24
25 **Document Request No. 12:** If YOU deny this Request, please produce all DOCUMENTS
26 YOU believe supports YOUR denial.

1 **Request for Admission No. 7:** Please admit that YOU have no DOCUMENT that supports
2 YOUR version of how the OCCURRENCE happened.

3
4 **Document Request No. 13:** If YOU deny this Request, please produce all DOCUMENTS
5 YOU believe supports YOUR denial.
6

7
8 **Request for Admission No. 8:** Please admit that the author or signer of the Traffic Crash
9 Report (attached) concluded you violated 9 CMC § 5301.
10

11 **Document Request No. 14:** If YOU deny this Request, please produce all DOCUMENTS
12 YOU believe supports YOUR denial.
13

14
15 **Request for Admission No. 9:** Please admit Dr. Hutchison concluded Plaintiff suffers from
16 migraine headaches as a result of the OCCURRENCE.
17

18 **Document Request No. 15:** If YOU deny this Request, please produce all DOCUMENTS
19 YOU believe supports YOUR denial.
20

21
22 **Request for Admission No. 10:** Please admit Dr. Hutchison concluded Plaintiff suffers from
23 phobia as a result of the OCCURRENCE.
24

25 **Document Request No. 16:** If YOU deny this Request, please produce all DOCUMENTS
26 YOU believe supports YOUR denial.
27
28

1 **Request for Admission No. 11:** Please admit Dr. Hocog concluded that Plaintiff “suffers from
2 post concussion syndrome with headache and dizziness”.

3
4 **Document Request No. 17:** If YOU deny this Request, please produce all DOCUMENTS
5 YOU believe supports YOUR denial.
6

7
8 **Request for Admission No. 12:** Please admit Dr. Hocog concluded that Plaintiff “has
9 hypertension over the skull that was directly traumatized”.

10
11 **Document Request No. 18:** If YOU deny this Request, please produce all DOCUMENTS
12 YOU believe supports YOUR denial.
13

14
15 **Request for Admission No. 13:** Please admit Dr. Hocog concluded that Plaintiff “suffers from
16 recurrent anxiety and depression as a result of the accident”.

17
18 **Document Request No. 18:** If YOU deny this Request, please produce all DOCUMENTS
19 YOU believe supports YOUR denial.
20

21
22 **Request for Admission No. 14:** Please admit Plaintiff has a scar on top of his head.
23

24 **Document Request No. 18:** If YOU deny this Request, please produce all DOCUMENTS
25 YOU believe supports YOUR denial.
26
27
28

1
2 Date: April 16, 2008.

3 O'CONNOR BERMAN DOTTS & BANES
4 *Attorneys for Plaintiff Joseph Gonzales*

5
6 By: 
7 DAVID G. BANES



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

Department of Public Safety



TRAFFIC CRASH REPORT

Page 1 of 5

SPECIAL CONDITIONS <i>NONE</i>		NUMBER PLURED <i>1</i>	NET & RUN FELONY <i>0</i>	CITY <i>SAIPAN</i>	DISTRICT	LOCAL REPORT NUMBER <i>CASE #07-5346</i>	
		NUMBER KILLED <i>0</i>	NET & RUN MISDEMEANOR <i>0</i>	COUNTY <i>PAGO</i>	REPORTING DISTRICT	BEAT <i>5</i>	<i>AUTO AUTO</i>
LOCATION	CRASHED OCCURED ON <i>ALONG ISA DR. BY AHGAGA DR.</i>				MO. DAY YEAR <i>5-30-07</i>	TIME (2400) <i>1717HRS</i>	NCIC #
	MILEPOST				DAY OF WEEK <i>S M T (W) T F S</i>	TOW AWAY <i>(YES) NO</i>	PHOTOGRAPHS BY: <i>(NONE)</i>
	FEET/MILES OF				TYPE OF CRASH <input checked="" type="checkbox"/> TRAFFIC <input type="checkbox"/> NON-TRAFFIC		
	<input type="checkbox"/> AT INTERSECTION WITH FEET/MILES OF						
PARTY 1	DRIVER'S LICENSE NUMBER <i>0053-91</i>			STATE <i>MP</i>	CLASS	SAFETY	VEH. YEAR <i>96</i>
DRIVER	NAME (FIRST, MIDDLE, LAST) <i>JOE DELAS REYES GONZALES</i>			VEH. MAKE/MODEL/COLOR <i>TOYO COROLLA 4HT</i>			LICENSE NUMBER <i>ABN-431</i>
PEDES TRIAN	STREET ADDRESS <i>Box # 500733 - KAGMAN</i>			OWNER'S NAME <i>SABLAN, MICHAEL E.</i>			STATE <i>MP</i>
VEHICLE	CITY/STATE/ZIP <i>SAIPAN MP 96950</i>			OWNER'S ADDRESS <i>Box # 500131 - NAVY HILL</i>			
BICY CLIST	SEX <i>M</i>	HAIR <i>BLK</i>	EYES <i>BRO</i>	HEIGHT <i>5'4"</i>	WEIGHT <i>175</i>	BIRTHDATE <i>5-4-73</i>	RACE <i>CHAM</i>
OTHER	HOME PHONE <i>250-8255</i>			BUSINESS PHONE <i>604-6000</i>			
INSURANCE CARRIER <i>MARIANAS INS. # 30-3618-06</i>				POLICY NUMBER			
DIR OF TRAVEL ON STREET OR HIGHWAY <i>NORTH</i>				SPEED LIMIT			
SOUTH <i>ISA DR.</i>							
PARTY 2	DRIVER'S LICENSE NUMBER <i>2283-2006</i>			STATE <i>MP</i>	CLASS	SAFETY	VEH. YEAR <i>20</i>
DRIVER	NAME (FIRST, MIDDLE, LAST) <i>ROBERT MARC WEINBERG WEINBERG</i>			VEH. MAKE/MODEL/COLOR <i>HYUNDA SANTA FE BEIGE</i>			LICENSE NUMBER <i>ABZ-029</i>
PEDES TRIAN	STREET ADDRESS <i>CALLER BOX 10007 - SAN VICENTE</i>			OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			STATE <i>MP</i>
VEHICLE	CITY/STATE/ZIP <i>SAIPAN MP 96950</i>			OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
BICY CLIST	SEX <i>M</i>	HAIR <i>BLK</i>	EYES <i>BRO</i>	HEIGHT <i>5'8"</i>	WEIGHT <i>145</i>	BIRTHDATE <i>10-13-59</i>	RACE <i>CAUCA</i>
OTHER	HOME PHONE <i>483-3377</i>			BUSINESS PHONE <i>604-2366</i>			
INSURANCE CARRIER <i>USAA CASUALTY INS. # 00231-20-310-7103</i>				POLICY NUMBER			
DIR OF TRAVEL ON STREET OR HIGHWAY <i>SOUTH</i>				SPEED LIMIT			
ISA DR.							
PARTY 3	DRIVER'S LICENSE NUMBER			STATE	CLASS	SAFETY	VEH. YEAR
DRIVER	NAME (FIRST, MIDDLE, LAST)			VEH. MAKE/MODEL/COLOR			LICENSE NUMBER
PEDES TRIAN	STREET ADDRESS			OWNER'S NAME			STATE
VEHICLE	CITY/STATE/ZIP			OWNER'S ADDRESS			
BICY CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE
OTHER	HOME PHONE			BUSINESS PHONE			
INSURANCE CARRIER				POLICY NUMBER			
DIR OF TRAVEL ON STREET OR HIGHWAY				SPEED LIMIT			
PREPARER'S NAME <i>POI R. Celis Jr</i>				DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		REVIEWER'S NAME <i>Sen. Joseph P. Flores</i>	
						DATE REVIEWED <i>6-7-07</i>	

White - DPS Record Pink - Traffic Yellow - AG

00057



Page 20F

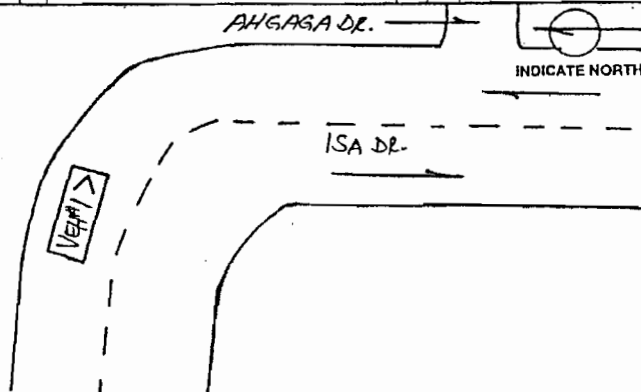
DATE OF CRASH (MO. DAY YEAR) 5-30-07		TIME (2400) 1717HRS	NCIC #	OFFICER I.D. CELISR	NUMBER 07-5346
PROPERTY DAMAGE	OWNER'S NAME None		OWNER'S ADDRESS		NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF DAMAGE				

SEATING POSITION 	OCCUPANTS HELMETS A- NONE IN VEHICLE B- UNKNOWN C- LAP BELT USED D- LAP BELT NOT USED E- SHOULDER HARNESS USED F- SHOULDER HARNESS NOT USED G- LAP/SHOULDER HARNESS USED H- LAP/SHOULDER HARNESS NOT USED J- PASSIVE RESTRAINT USED K- PASSIVE RESTRAINT NOT USED	SAFETY EQUIPMENT L- AIR BAG DEPLOYED M- AIR BAG NOT DEPLOYED N- OTHER P- NOT REQUIRED CHILD RESTRAINT Q- IN VEHICLE USED R- IN VEHICLE NOT USED S- IN VEHICLE USE UNKNOWN T- IN VEHICLE IMPROPER USE	M/C BICYCLE DRIVER V- NO W- YES PASSENGER X- NO Y- YES	EJECTED FROM VEHICLE (0- NOT EJECTED) 1- FULLY EJECTED 2- PARTIALLY EJECTED 3- UNKNOWN
----------------------	--	---	--	--

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	TYPE OF VEHICLE	1	2	3	MOVEMENT PRECEDING COLLISION
2 A VC SECTION VIOLATED CITED <input type="checkbox"/> YES <input type="checkbox"/> NO 90MC 5301	A CONTROLS FUNCTIONING	X	X		A PASSENGER CAR / STATION WAGON				A STOPPED
B OTHER IMPROPER DRIVING	B CONTROLS NOT FUNCTIONING				B PASSENGER CAR W / TRAILER	X	X		B PROCEEDING STRAIGHT
C OTHER THAN DRIVER	C CONTROLS OBSCURED				C MOTORCYCLE / SCOOTER				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR				D PICKUP OR PANEL TRUCK				D MAKING RIGHT TURN
E FELL ASLEEP	E HEAD- ON				E PICKUP / PANEL TRUCK W/ TRAILER				E MAKING LEFT TURN
WEATHER (MARK 1 TO 2 ITEMS)	A SIDE SWIPE				F SCHOOL BUS				F MAKING U TURN
X A CLEAR	C REAR END				G OTHER BUS				G BACKING
B CLOUDY	D BROADSIDE				H EMERGENCY VEHICLE				H SLOWING / STOPPING
C RAINING	E HIT OBJECT				I HIGHWAY CONST. EQUIPMENT				I PASSING VEHICLE
D FOG / VISIBILITY FT	F OVERTURNED				J BICYCLE				J CHANGING LANES
E OTHER	G VEHICLE / PEDESTRIAN				K OTHER VEHICLE				K PARKING MANEUVER
F WIND	H OTHER*				L PEDESTRIAN				L ENTERING TRAFFIC
MOTOR VEHICLE INVOLVED WITH					M MOPED				M OTHER UNSAFE TURNING
A NON- COLLISION									N XING INTO OPPOSING LANE
B PEDESTRIAN									O PARKED
X A DAYLIGHT	C OTHER MOTOR VEHICLE				OTHER ASSOCIATED FACTORS (S)				P MERGING
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3	A VC SECTION VIOLATED CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				Q TRAVELING WRONG WAY
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE				B VC SECTION VIOLATED CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				R OTHER
D DARK - NO STREET LIGHTS NOT	F BICYCLE				C VC SECTION VIOLATED CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
E DARK - STREET LIGHTS NOT FUNCTIONING	G ANIMAL								
ROADWAY SURFACE	H FIXED OBJECT								
X A DRY	I OTHER OBJECT								
B WET									
C SLIPPERY (MUDDY, OILY, ETC.)									
D ROAD WIDTH									
E NUMBER OF LANE									
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTION								
A HOLES, DEEP RUT*	X A NO PEDESTRIANS INVOLVED								
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK AT INTERSECTION								
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION								
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK								
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDED SHOULDER								
F FLOODED*	F NOT IN ROAD								
G OTHER*	G APPROACHING								
X H NO UNUSUAL CONDITIONS									

SKETCH



MISCELLANEOUS

VEH #2 MOVED OFF ORIGINAL CRASH POSITION. NO SKETCH MADE.

00058



TRAFFIC CRASH REPORT
INJURED / WITNESS / PASSENGERS
SUPPLEMENTAL FORM

Page 3 of 3

DATE OF CRASH (MO DAY YEAR)				TIME (2400)		NCKC #		OFFICER I.D.						NUMBER			
5-30-07				1717Hrs				CELISE						07-5346			
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)						PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/>	<input type="checkbox"/>	34	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	G	0
NAME/D O B / ADDRESS																	
JOE DELOS REYES GONZALES 5-4-73 KOBLEVILLE 256-8255																	
(INJURED ONLY) TRANSPORTED BY: TAKEN TO:																	
C/DAL OPS MEDICS COMMWEALTH HEALTH CENTER																	
DESCRIBE INJURIES																	
SCRATCH ON LEFT FOREARM AND LACERATION ON THE BACK OF HEAD. SEE MEDICAL REPORT FOR FURTHER.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME/D O B / ADDRESS																	
(INJURED ONLY) TRANSPORTED BY: TAKEN TO:																	
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME/D O B / ADDRESS																	
(INJURED ONLY) TRANSPORTED BY: TAKEN TO:																	
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME/D O B / ADDRESS																	
(INJURED ONLY) TRANSPORTED BY: TAKEN TO:																	
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME/D O B / ADDRESS																	
(INJURED ONLY) TRANSPORTED BY: TAKEN TO:																	
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME/D O B / ADDRESS																	
(INJURED ONLY) TRANSPORTED BY: TAKEN TO:																	
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME/D O B / ADDRESS																	
(INJURED ONLY) TRANSPORTED BY: TAKEN TO:																	
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME/D O B / ADDRESS																	
(INJURED ONLY) TRANSPORTED BY: TAKEN TO:																	
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
NAME/D O B / ADDRESS																	
(INJURED ONLY) TRANSPORTED BY: TAKEN TO:																	
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME I.D. NUMBER MO. DAY YEAR REVIEWER'S NAME MO. DAY YEAR																	
POL R. CELISE CELISE 5-30-07 [Signature] 6-7-07																	

COPY
BMV/ Records & Firearms
Dept. of Public Safety

Mariana Lopez

Saipan, MP 96954

Issued By: [Signature]

Date Issued: 6-20-07

00059